Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-24-0</u> 8	Address:	<u>STATE RD. 135</u>
Case #:	<u>45-48393</u>		NEAR SIJADY LN
County:	<u>HARRISON</u>		P <u>ALMYRA,I</u> N
		6 : X	to a decade all allocator assumes
Type of La	aboratory Seizure (check one)	Scizure Location (c	
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, ctc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	iment: PALMYRA VID	Fax: <u>N/A</u> Fax: <u>738-</u>	1707
Health Department: HARRISON CO.		Fax: <u>N/A</u>	
Child Protection Service: <u>HARRISON CO.</u>			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.L. SMITH Phone 812-246-5424			
 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for recention. 			